

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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22	y					
23	y					
24	p					
25	p					
26	/					
27	/					
28	/					
29	/					
30	/					
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.	1					
TOTAL DEP.	73	←		←		←
TOTAL CLAIMS	74	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						